# Case 5:18-cv-00555-XR Document 128 128 Filed 11/04/19 Page 1 of 8

CLAIM FOR DAMAGE, INJURY, OR DEATH		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008		
Submit to Appropriate Federal Agency:				Name, address of claimant, a (See instructions on reverse)		
Secretary of the Air Force Dr. Heather Wilson 1670 Air Force Pentagon Washington, DC 20330-1670	0		Ruben Delgado Rios, Jr. 9603 Maidenstone San Antonio, TX 78250		Jr.	, otalo and E.p 2002.
	4. DATE OF BIRTH	5. MARITAL STATUS	3	6. DATE AND DAY OF ACCIDE	ENT	7. TIME (A.M. OR P.M.)
	08/16/1983	Widowed		11/05/2017	Sunday	11:30 A.M.
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  This Claim arises from the tragic shooting of Tara McNulty, Mr. Rios' wife, on November 5, 2017, at 11:30 AM in the First Baptis Church of Sutherland Springs in Sutherland Springs, TX by Devin Patrick Kelley. The shooting would not have occurred but for the US Department of Defense, US Air Force, and others negligently, recklessly, carelessly, and/or egregiously failing to report Kelley's pertinent arrest, conviction, and military discharge information into a federal database; which would have prevented and barred him from purchasing, owning, and/or possessing firearms, and therefore preventing Ms. McNulty's death.						
9.		PROPERT				
NAME AND ADDRESS OF OWNER, IF $N/A$						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).						
N/A						
10. PERSONAL INJURY/WRONGFUL DEATH						
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Tara McNulty, claimant's wife, was a member of the First Baptist Church of Sutherland Springs, Texas. Tara was shot several times while attending church. She passed away within minutes of being shot. She was next to her children, who were also shot, but survived. Ruben Rios has suffered grievous mental anguish from the death of his wife and the loss of her society, companionship, and affection and brings this claim on his individual behalf and as a beneficiary of Tara's estate.						
11. WITNESSES						
NAME ADDRESS (Number, Street, City, State, and Zip Code)				e)		
Hailey McNul	lty	124 Santa Gertrudis, Sutherland Springs, TX 78161				
James McNulty		124 Santa Gertrudis, Sutherland Springs, TX 78161				
12. (See instructions on reverse).  AMOUNT OF CLAIM (in dollars)						
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	120	c. WR	ONGFUL DEATH	12d. TOTAL (Failure forfeiture of you	e to specify may cause ur rights).
15,00				15,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.						
13a. SIGNATURE OF SLAIMANT (See instructions on reverse side).			, ,		, ,	
CIVIL PENALTY FOR PRESENTING			315-681-7639   i2/23/2018   criminal penalty for presenting fraudulent			
FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

INSURANC	CE COVERAGE		
In order that subrogation claims may be adjudicated, it is essential that the claimant provide	de the following information regarding the insurance coverage of the vehicle or property.		
15. Do you carry accident Insurance? Yes If yes, give name and address of insurance.	urance company (Number, Street, City, State, and Zip Code) and policy number.		
N/A			
46. Have you filed a claim with your incurance carrier in this instance, and if so, is it full or	The Man A transfer and the section of the section o		
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full co	verage or deductible? Yes X No 17. If deductible, state amount.		
N/A			
18. If a claim has been filed with your carrier, what action has your insurer taken or propos			
19. Do you carry public liability and property damage insurance?  Yes If yes, give n	name and address of insurance carrier (Number, Street, City, State, and Zip Code).		
N/A			
	UCTIONS		
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	more than one claimant, each claimant should submit a separate		
Complete all items - Insert the word NONE where applicable.			
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL		
AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.		
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim	The amount claimed should be substantiated by competent evidence as follows:		
is deemed presented when it is received by the appropriate agency, not when it is mailed.	(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the		
W	nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical,		
If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Endard Tot Claims asserted under the	hospital, or burial expenses actually incurred.		
Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates		
involved, please state each agency.	by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.		
The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express			
authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or	(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original		
legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant accompanied by evidence of his/her authority to present a claim on behalf of the claimant	cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, professibly reputable dealers or official formilies with the transfer services.		
as agent, executor, administrator, parent, guardian or other representative.	preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.		
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.		
	ACT NOTICE		
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.  A. Authority: The requested information is solicited pursuant to one or more of the	B. Principal Purpose: The information requested is to be used in evaluating claims.     C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this term for this information.		
following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	submitting this form for this information.  D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."		
PAPERWORK REDUCTION ACT NOTICE			

This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

CLAIM FOR DAMAGE, INJURY, OR DEATH		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008		
Submit to Appropriate Federal Agency:				Name, address of claimant, and claimant's personal (See instructions on reverse). Number, Street,		al representative if any.
Secretary of the Air Force Dr. Heather Wilson 1670 Air Force Pentagon Washington, DC 20330-1670		Ruben Delgado Rios, Jr. 9603 Maidenstone San Antonio, TX 78250		Jr.	, cate and 2.p code.	
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STAT	US	6. DATE AND DAY OF ACCIDE	ENT	7. TIME (A.M. OR P.M.)
MILITARY X CIVILIAN	08/16/1983	Widowed		11/05/2017 Sunday		11:30 A.M.
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). This Claim arises from the tragic shooting of Tara McNulty, Mr. Rios' wife, on November 5, 2017, at 11:30 AM in the First Baptis Church of Sutherland Springs in Sutherland Springs, TX by Devin Patrick Kelley. The shooting would not have occurred but for the US Department of Defense, US Air Force, and others negligently, recklessly, carelessly, and/or egregiously failing to report					AM in the First Baptist have occurred but for	
Kelley's pertinent arrest, cor barred him from purchasing	nviction, and military	y discharge inf	ormati	on into a federal databa	ase; which wou	ld have prevented and
9.		PROPE	ERTY DA	MAGE		
NAME AND ADDRESS OF OWNER, IF	OTHER THAN CLAIMANT	(Number, Street, Ci	ty, State,	and Zip Code).		
N/A						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).						
N/A						
10.	10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.						
Tara McNulty, claimant's wife, was a member of the First Baptist Church of Sutherland Springs, Texas. Tara was shot several times while attending church. She passed away within minutes of being shot. She was next to her children, who were also shot, but survived. Ruben Rios has suffered grievous mental anguish from the death of his wife and the loss of her society, companionship, and affection and brings this claim on his individual behalf and as a beneficiary of Tara's estate.						
11. WITNESSES						
NAME				ADDRESS (Number, Street, City, State, and Zip Code)		
Hailey McNulty			124 Santa Gertrudis, Sutherland Springs, TX 78161			
James McNulty			124 Santa Gertrudis, Sutherland Springs, TX 78161			
12. (See instructions on reverse).  AMOUNT OF CLAIM (in dollars)						
12a. PROPERTY DAMAGE 12b. PERSONAL INJURY			12c. WRONGFUL DEATH		12d. TOTAL (Failure to specify may cause forfeiture of your rights).	
15,0		15,000	0,000 15,000,000			
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					CEPT SAID AMOUNT IN	
13a. SIGNATURE OF CLAIMANT (See instructions on Teverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM 14. DATE OF SIGN		1 14. DATE OF SIGNATURE	
() () () () () () () ()			315-681-7639 (2/23/26)		12/23/2018	
	ALTY FOR PRESENTING AUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

INSURANCE COVERAGE				
In order that subrogation claims may be adjudicated, it is essential that the claimant provide	le the following information regarding the insurance coverage of the vehicle or property.			
15. Do you carry accident Insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. X				
N/A				
y - 5				
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full co	verage or deductible? Yes X No 17. If deductible, state amount.			
N/A				
18. If a claim has been filed with your carrier, what action has your insurer taken or propos	ed to take with reference to your claim? (It is necessary that you ascertain these facts).			
	ame and address of insurance carrier (Number, Street, City, State, and Zip Code).			
N/A				
	UCTIONS			
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves	bmitted directly to the "appropriate Federal agency" whose			
claim form.	more than one claimant, each claimant should submit a separate			
Complete all items - Insert the word NONE where applicable.				
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mailed.	written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis,			
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must be presented in the name of the claimant. If the claim is signed by the agent or	the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and			
legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant	after the accident. Such statements should be by disinterested competent persons,			
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A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.	submitting this form for this information.  D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the			
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### Case 5:18-cv-00555-XR Document 158-2 Filed 11/04/19 Page 5 of 8

CLAIM FOR DAMAGE, INJURY, OR DEATH		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008	
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N/A						
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( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				315-681-7639 12/23/2018		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

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40 De seu companible l'abilità and annual de seu companible l'abilità annual de seu companib				
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N/A				
	<del></del>			
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CLAIM FOR DAMAGE, INJURY, OR DEATH		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008		
1. Submit to Appropriate Federal Agency:  Secretary of the Air Force Dr. Heather Wilson 1670 Air Force Pentagon Washington, DC 20330-1670			F	2. Name, address of claimant, a (See instructions on reverse) Ruben Delgado Rios, 9603 Maidenstone San Antonio, TX 7825	. Number, Street, City <b>Jr.</b>	al representative if any. , State and Zip code.
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6	6. DATE AND DAY OF ACCIDE	NT	7. TIME (A.M. OR P.M.)
MILITARY X CIVILIAN	08/16/1983	Widowed			Sunday	11:30 A.M.
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence at the cause thereof. Use additional pages if necessary). This Claim arises from the tragic shooting of Tara McNulty, Mr. Rios' wife, on November 5, 2017, at 11:30 AM in the First Bap Church of Sutherland Springs in Sutherland Springs, TX by Devin Patrick Kelley. The shooting would not have occurred but for the US Department of Defense, US Air Force, and others negligently, recklessly, carelessly, and/or egregiously failing to repo Kelley's pertinent arrest, conviction, and military discharge information into a federal database; which would have prevented a barred him from purchasing, owning, and/or possessing firearms, and therefore preventing Ms. McNulty's death.					AM in the First Baptist have occurred but for lously failing to report ld have prevented and	
9.		PROPERTY				
NAME AND ADDRESS OF OWNER, IF $N/A$	OTHER THAN CLAIMAN I	(Number, Street, City, St	State, a	ind Zip Code).		
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					SPECTED.	
N/A						
0. PERSONAL INJURY/WRONGFUL DEATH						
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.						
Tara McNulty, claimant's wife, was a member of the First Baptist Church of Sutherland Springs, Texas. Tara was shot several times while attending church. She passed away within minutes of being shot. She was next to her children, who were also shot, but survived. Ruben Rios has suffered grievous mental anguish from the death of his wife and the loss of her society, companionship, and affection and brings this claim on his individual behalf and as a beneficiary of Tara's estate.				, who were also shot, ner society,		
11. WITNESSES						
NAME ADDRESS (Number, Street, City, State, and Zip Code)						
			Santa Gertrudis, Sutherland Springs, TX 78161			
James McNulty 124 Santa Gertrudis, Sutherland Springs, TX 78161				A 70101		
12. (See instructions on reverse).		AMOUNT OF CLA	LAIM (i	in dollars)		
		c. WRO	ONGFUL DEATH  12d. TOTAL (Failure to specify may cau forfeiture of your rights).		. , ,	
		15,	5,000,	,000	15,000,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					CEPT SAID AMOUNT IN	
13a. SIGNATURE OF CLAIMANT (See i	instructions on reverse side)	).	10	13b. PHONE NUMBER OF PERSON SIGNING FORM 14. DATE OF SIGNATURE		
020	)() ( Ja.		3	315-681-7639 12/23/2018		12/23/2018
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government (Sec. 31 LLS C. 3730)			Fi	Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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STANDARD FORM 95 (REV. 2/2007) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

INSURANCE COVERAGE				
In order that subrogation claims may be adjudicated, it is essential that the claimant provide	de the following information regarding the insurance coverage of the vehicle or property.			
15. Do you carry accident Insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. X No				
N/A				
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full co	verage or deductible? Yes X No 17. If deductible, state amount.			
N/A				
18. If a claim has been filed with your carrier, what action has your insurer taken or propos	sed to take with reference to your claim? (It is necessary that you ascertain these facts).			
19. Do you carry public liability and property damage insurance? Yes If yes, give r	name and address of insurance carrier (Number, Street, City, State, and Zip Code).			
N/A				
	UCTIONS			
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	more than one claimant, each claimant should submit a separate			
Complete all items - Insert the word NONE where applicable.				
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL			
AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN	INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT.  THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN			
NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	TWO YEARS AFTER THE CLAIM ACCRUES.			
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim	The amount claimed should be substantiated by competent evidence as follows:			
is deemed presented when it is received by the appropriate agency, not when it is mailed.	<ul> <li>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the</li> </ul>			
	nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical,			
If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the	hospital, or burial expenses actually incurred.			
Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14.  Many agencies have published supplementing regulations. If more than one agency is	(b) In support of claims for damage to property, which has been or can be economically			
involved, please state each agency.	repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed			
The claim may be filled by a duly authorized agent or other legal representative, provided	receipts evidencing payment.			
evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative	(c) In support of claims for damage to property which is not economically repairable, or if			
must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be	the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and			
accompanied by evidence of his/her authority to present a claim on behalf of the claimant	after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by			
as agent, executor, administrator, parent, guardian or other representative.	two or more competitive bidders, and should be certified as being just and correct.			
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.	(d) Failure to specify a sum certain will render your claim invalid and may result in			
	forfeiture of your rights.			
PRIVACY ACT NOTICE				
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.	<ul><li>B. Principal Purpose: The information requested is to be used in evaluating claims.</li><li>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are</li></ul>			
A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.	submitting this form for this information.  D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the			
Part 14.	requested information or to execute the form may render your claim "invalid."			
	JCTION ACT NOTICE			
This notice is solely for the purpose of the Paperwork Reduction Act. 44 U.S.C. 3501 Publ	ic reporting burden for this collection of information is estimated to average 6 hours nor			

This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.